PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

CLERK U.S. DISTRICT COURT
NORTHERN DIST. OF TX
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE Northern DISTRICT OF TEXAS
Lubbock DIVISION

2019 JUN 25 PM 1:28

DEPUTY CLERK

Fidel Salazar 1500601
Plaintiff's Name and ID Number

Estelle Unit 264 FM 3478 Huntsville Tx.
Place of Confinement

5-19CV0124-C

CASE NO. _____
(Clerk will assign the number)

v.

U.T.M.B C.M.C-301 University Blvd. Galveston Tx. 77555 Official Capacity under color of law
Defendant's Name and Address

Micheal Palmer Formby Unit 998 E.R.A.A. Plainview Tx. - under color of law official & Individual capacity
Defendant's Name and Address

melnie Sandoval Formby Unit 998 E.R.A.A Plainview Tx. under color of law official & Individual capacity
Defendant's Name and Address

(DO NOT USE "ET AL.")

And unknown defendants under color of law - official &/or Individual capacity

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.

2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.

3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant. Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim. Rule 8, Federal Rules of Civil Procedure.

4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of $350.00 plus an administrative fee of $50.00 for a total fee of **$400.00**.

2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.

3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." *See* 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire $350.00 statutory filing fee has been paid. (The $50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)

4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ___YES ___NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: unknown (@2002)
2. Parties to previous lawsuit:
 Plaintiff(s) Fidel Salazar
 Defendant(s) Rankin Co. Mississippi
3. Court: (If federal, name the district; if state, name the county.) Southern Dist
4. Cause number: unknown
5. Name of judge to whom case was assigned: unknown
6. Disposition: (Was the case dismissed, appealed, still pending?) unknown
7. Approximate date of disposition: unknown (2002?)

II. PLACE OF PRESENT CONFINEMENT: Estelle Unit

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? X YES ___ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.
a copy is already on record 5:17-cv-313-BQ

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Fidel Salazus ~~University of Tx Medical Branch Unit Managed Care 301 University Blvd Galveston Tx. 77555 official Capacity under color of law~~ 7641 F.M. 3478 Huntsville Tx. 77320

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: UTMB-CMC - 301 Univ. Blvd. Galveston Tx. 77555 under color of law in Official Capacity

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
their protocol that is currently implemented to treat Hepc presents deliberate indifference to plaintiff.

Defendant #2: Micheal Parmer formaly Unit med. Supervisor 998 CR AA Plainview Tx. 79072 under color of law official & individual capacity

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
denied Hep C treatment/cure - deliberate indifference to plaintiff

Defendant #3: melvie Sandoval formaly Unit Provider 998 CR AA Plainview Tx. 79072 under color of law in official & individual Capacity

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
denied Hep. C treatment/cure - deliberate indifference to Plaintiff

Defendant #4: unknown def(s), under color of law - in official and/or individual Capacity

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
denied Hep. C treatment/cure - deliberate indifference to plaintiff

Defendant #5: ___

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

The deliberate indifference to a serious med. need violated- violates Plaintiff's (Fidel Salazar) right to adequate Med. Care under the 8th Amend. of the U.S. Const. by... refusing to provide him w/ the Hep C treatment/cure. The longer Plaintiff goes w/out treatment his liver is scarring more & more & significantly increases the risk of both morbidity & mortality & so less effective the new medication becomes. Plaintiff will likely suffer irreparable harm if not treated immediately making the New Hep. C medication "Medically necessary"!

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

immediately provide official capacity me w/ Hep. C treatment/cure & compensatory of $ 90,000.00 each def. in their indiv. capacity & $ 50,000.00 punitive damages each def. in their indiv. capacity

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Fidel Gomez Salazar Jr., Fidel Salazar

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

547855, 2041819, 1506617 (had another state Jail # but forgot it)

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ___ YES X NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date sanctions were imposed: N/A
4. Have the sanctions been lifted or otherwise satisfied? N/A ___ YES ___ NO

C. Has any court ever warned or notified you that sanctions could be imposed? X YES ___ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): Northern Dist. Lubbock Div.
2. Case number: 5:17-cv-313-BQ
3. Approximate date warning was issued: Jan. 24th 2018

Executed on: 6-17-19
DATE

Fidel Salazar 1506617
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 17 (Day) day of June (month), 20 19 (year).

Fidel Salazar 1506617
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

1. Approximate date of filing lawsuit: Sept. 11 2017
2. Parties to previous lawsuit: Plaintiff Fidel Salazar 1800617
3. Def.(s): Erika Facio, Luis Silva, & unknown def(s)
 Court: if fed. name the dist.: if state name the Co.
 Western district of Texas - Elpaso Div.
4. Cause No. 3:17-cv-00286
5. Name of Judge to whom case was assigned:
 Magistrate Judge Miguel A. Torres
6. Disposition: was the case dismissed appealed still Pending
 dismissed w/ Prejudice
7. Approximate date of disposition: around 2018 maybe 2017

1. Approximate Date of filing lawsuit: Dec. 29, 2017
2. Parties to previous lawsuit: Plaintiff, Fidel Salazar 1800617
3. Def.(s) U.T.M.B, Micheal Farmer, Melanie Sandoval, & unknown def(s)
4. Case No. ~~3:17-cv-0813-M~~ - 5:17-cv-313-BQ
5. Name of Judge to whom case was assigned:
 U.S. Magistrate Judge D. Gordon Bryant, Jr.
6. Disposition: was the case dismissed appealed still Pending
 dismissed w/out Prejudice
7. Approximate date of disposition:
 ~~Sometime after~~ June 4th 2018 (Not long after)

Copy

Texas Department of Criminal Justice

STEP 2 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2017188898
UGI Recd Date: Sep 11 2017
HQ Recd Date: Sept 15 2017
Date Due: 10-26
Grievance Code: 628
Investigator ID #:
Extension Date:

Offender Name: Fidel Salazar TDCJ # 1506617
Unit: FB Housing Assignment: Z3-48
Unit where incident occurred: Formby Unit

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

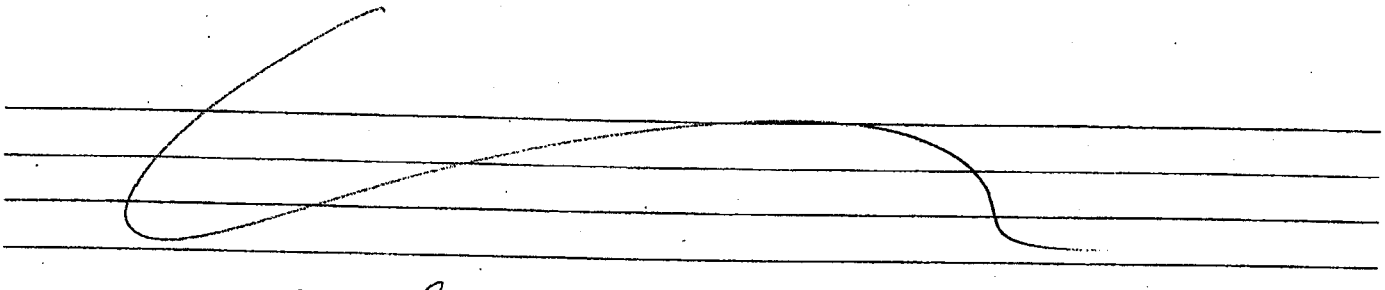
Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

Mr. Salazar has a serious medical condition and will continue to suffer if he is not treated and his liver will continue to scar and it's functioning will continue to deteriorate.

Mr. Salazar should be given - administered the HepC medication regardless of the disease's ~~state~~ FS Stage, Mr. Salazar will likely suffer from HepC complications and disease progress without treatment delay in recieving.... medications reduces their efficacy, Eventhough Mr. Salazar symptoms seem quite mild one year might be in critical situation the next. "Prisons are supposed to treat all health conditions to the community standards" Medicaid systems are expanding access to the new drugs and T.D.C.J. is supposed to meet the same standard of care.

American Association for the Study of liver diseases, which now recommends D.A.A. drug therapy for all chronic HepC Patients other than those with short life expentancies.

I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)



Offender Signature: _____ Date: 9-11-17

Grievance Response: A review of the step 1 medical grievance was completed regarding your complaint you have been denied treatment for Hep C. Review of the health record indicated you do not meet the current requirement for treatment with the new medications. Your APRI score was tested on 9/13/2017 and the result was 0.39, which is does not require treatment at this time.

Per the response offered at Step 1, you may wish the review CMHC infectious diseases Policy B-14.13.3, with ~~the new medications. Your~~ FS all attachments regarding the criteria for testing. The T.D.C.J. follows the recommendations of the US Centers of Disease Control, a federal government agency for criteria in testing. Other entities, such as the American Association for liver Diseases do not have the authority to dictate treatment within the T.D.C.J.

Appellate review supports the response offered a Step 1. No further investigation warranted through the grievance process for this issue.

Signature Authority: Sterrett Medical Grievance Program Date: 9-19-17
Office of Professional Standards
T.D.C.J. Health Services Division

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening languag
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____
Date UGI Recd: _____
Date CGO Recd: _____
(check one) ____Screened ____Improperly Submitted
Comments: _____
Date Returned to Offender: _____

2nd Submission CGO Initials: _____
Date UGI Recd: _____
Date CGO Recd: _____
(check one) ____Screened ____Improperly Submitted
Comments: _____
Date Returned to Offender: _____

3rd Submission CGO Initials: _____
Date UGI Recd: _____
Date CGO Recd: _____
(check one) ____Screened ____Improperly Submitted
Comments: _____
Date Returned to Offender: _____

I-128 Back (Revised 11-2010)

In The United States District Court
For The Northern District of Texas
Lubbock Division

Fidel Sakazar 1506617
(Plaintiff)

V.

U.T.M.B et al.,
(Defendants)

RECEIVED
JUN 25 2019
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

To Said Court,

In my Previous Case Concerning this Matter 5:17-cv-313-BQ I had filed a motion for a Preliminary Injunction but failed because I Quoted Abu-Jamal's case to the court's four required Questions in order to grant Prelim. Injunction. W/ the court's Permission I'd like to filed another one along w/ a request for a evidentiary hearing in order to Provide the court w/ the correct answers to the required four Questions.

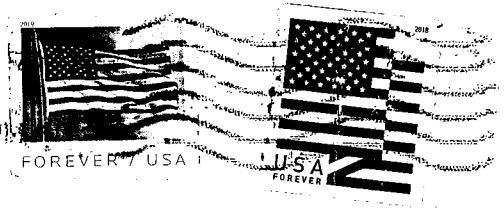
Thank You!

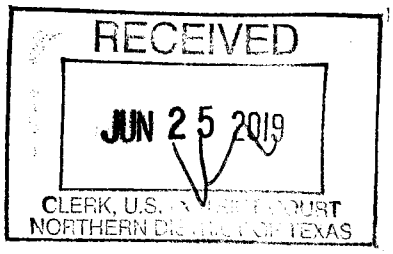
Fidel Sakazar June 17th 2019

Case 5:19-cv-00124-C Document 1 Filed 06/25/19 Page 10 of 10 PageID 10

Fidel
Dalazar 1504447
Estelle Unit
264 F.M. 3478
Huntsville Tx. 77320

NORTH HOUSTON TX
20 JUN 2019 PM





Legal/
Special

U.S. District Court
Office of the clerk
Northern Dist. of Tx.
1205 Texas Avenue Rm. 209
Lubbock Tx. 79401

79401-402759